

<b>DEPARTMENT OF DEFENSE PROGRAM EXECUTIVE OFFICER - WAIVER REQUEST</b>			<b>REPORT CONTROL SYMBOL DD-P&amp;R(Q&amp;A)1841</b>	
<b>COMPONENT/ORGANIZATION</b>				
1. TO <i>(Component Acquisition Executive (CAE))</i>		2. VIA <i>(Director, Acquisition Career Management (DACM))</i>		
3. COPY TO <i>(USD(A)AET&amp;CD)</i>		4. FROM <i>(Organization and Address)</i>		
<b>POSITION DATA</b>				
5. POSITION NUMBER	6. POSITION TITLE	7. GRADE/RANK	8. OCCUPATIONAL SERIES/ SPECIALTY	
<b>IDENTIFICATION AND PERSONAL DATA</b>				
9. NAME <i>(Last, First, Middle Initial)</i>		10. GRADE/RANK	11. SSN	
12. ACQUISITION CAREER FIELD		13. OCCUPATIONAL SERIES/SPECIALTY		
14. WAIVER REQUEST <i>(X one)</i>				
<input type="checkbox"/>	ABSENCE OF PROGRAM MANAGEMENT COURSE	<input type="checkbox"/>	NON-ACQUISITION CORPS MEMBER	
<input type="checkbox"/>	ABSENCE OF PROGRAM MANAGER/ DEPUTY PROGRAM MANAGER EXPERIENCE	<input type="checkbox"/>	ABSENCE OF FOUR YEARS' EXPERIENCE IN CRITICAL ACQUISITION POSITIONS	
15. REQUEST BASED ON DETERMINATION THAT INDIVIDUAL POSSESSES THE FOLLOWING QUALIFICATIONS THAT OBIVATE THE NEED FOR MEETING THE EDUCATION, TRAINING AND EXPERIENCE REQUIREMENTS <i>(Written narrative - use other side if needed)</i>				
<b>16. REQUESTING OFFICIAL</b>				
a. TYPED NAME		b. GRADE	c. ORGANIZATION	
d. SIGNATURE			e. DATE (YYYYMMDD)	
<b>17. COMPONENT APPROVING OFFICIAL</b>				
a. TYPED NAME		b. TITLE		
c. SIGNATURE			d. DATE (YYYYMMDD)	